No. 300
10.48

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35185

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9563

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HomER Phillip Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2259 23 1529 FRANKLIN

3. NAME OF DECEASED (Type or Print)
a. (First): Mathew
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 54

5. SEX: Male
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MaRRiEd
8. DATE OF BIRTH: 6-10-23
9. AGE (In years last birthday): 31-2
IF UNDER 1 YEAR: Months 4 Days 9
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LaborEr
10b. KIND OF BUSINESS OR INDUSTRY: CENTRAL Elec
11. BIRTHPLACE (City and State or Foreign Country): MaCON, Miss
12. CITIZEN OF WHAT COUNTRY?: U.SA

13a. FATHER'S NAME: Chester Brown
13b. MOTHER'S MAIDEN NAME: ALiCE WiSE
14. NAME OF HUSBAND OR WIFE: GloRiA Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): KoREAN
16. SOCIAL SECURITY NO.: 498-18-0363
17. INFORMANT'S SIGNATURE OR NAME: ALiCE Brown
ADDRESS: 1529 FrANKLin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 150 A m., from the causes and on the date stated above.*

23a. SIGNATURE: James M Kelly (Degree or title) Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 10/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-22-54
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo

DATE REC'D BY LOCAL REG. OCT 21 1954
REGISTRAR'S SIGNATURE: J Earl Smith MDB
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: AL BEAL UND Co - 4303 DELMAR
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel W. Hughes

Licensed Embalmer No. 4 8 0

P. O. Address 3123 Ro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.